

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SB		2/22/00 3,500
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		109055	4-5-00
RESPONSE FORMALITY REVIEW		109055	6-15-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	902	109055
1	✓	✓	✓	
2				
3				
4	✓	✓	✓	✓
5				
6	✓	✓	✓	✓
7	✓	✓		0
8	✓	✓		✓
9	✓	✓		
10				
11	✓	✓		✓
12	✓	✓	✓	✓
13	N			
14	N			
15	✓	✓	✓	✓
16	✓	✓	✓	✓
17	N			
18				
19				
20				
21				
22				
23				
24				
25				
26				
27	✓	✓	✓	✓
28	N			
29				✓
30				
31				
32				
33			✓	
34			0	
35			✓	
36			✓	
37				
38			✓	
39			✓	
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

If more than 150 claims or 10 actions  
staple additional sheet here

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